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## REISSUE PATENT APPLICATION TRANSMITTAL Attorney Docket No. Address to: First Named Inventor Mail Stop Reissue Original Patent Number **Commissioner for Patents** Original Patent Issue Date arch 26 2002 P.O. Box 1450 (Month/Day/Year) Alexandria, VA 22313-1450 Express Mail Label No. 50910519US **APPLICATION FOR REISSUE OF: Utility Patent Design Patent** Plant Patent (Check applicable box) ACCOMPANYING APPLICATION PARTS **APPLICATION ELEMENTS (37 CFR 1.173)** Statement of status and support for all Fee Transmittal Form (PTO/SB/56) changes to the claims. See 37 CFR 1.173(c). See Prelim. Amd. (Submit an original, and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. Original Patent Grant Specification and Claims in double column copy of patent format 3 Ribboned Original Patent Grant (amended, if appropriate) Statement of Loss (PTO/SB/55) Drawing(s) (proposed amendments, if appropriate) Foreign Priority Claim (35 U.S.C. 119) Reissue Oath/Declaration (original or copy) 5. (if applicable) (37 C.F.R. 1.175) (PTO/SB/51 or 52) Information Disclosure Copies of IDS Power of Attorney 13 Statement (IDS)/PTO-1449 1 Citations Original U.S. Patent currently assigned? English Translation of Reissue Oath/Declaration (If Yes, check applicable box(es)) (jf applicable) Written Consent of all Assignees (PTO/SB/53) Preliminary Amendment 15 37 C.F.R. 3.73(b) Statement Return Receipt Postcard (MPEP 503) (PTO/SB/96) (Should be specifically itemized) CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 17. Other: 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) Computer Readable Form (CFR) b. Specification Sequence Listing on: CD-ROM (2 copies) or CD-R (2 copies); or paper Statements verifying identity of above copies C. 18. CORRESPONDENCE ADDRESS OR Correspondence address below Customer Number. Name Address Zip Code State City 19406 Telephone Fax 248 Country 5894672 2485894804 Registration No. (Attorney/Agent) Name (Print/Type)

78 Date Signature

This collection of information is required by 37 CFR 1.1/3. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/56 (08-03)

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REISSUE APPLICATION FEE TRANSMITTAL FORM												Docket Number (Optional)  M 6257 RE			
Claims as Filed – Part 1											29 825 1 RL				
		(2)		(3)		Small E			ntity		Other than a Small Entity				
	(1) Claim in Pater		Number Filed in Reissue Application		Number Extra		Rate	Fee		-	Rate	Fee			
Total Claims (37 CFR 1.16(j)) Independent claims	(A) 2	'-'	27	_		=	× \$	=				×\$ <u>18</u> =	90		
(37 CFR 1.16(i))		(D)	6	3 =		=	×\$	_=			or	x\$ <u>86</u> =	258		
					Basic Fee (3	7 CFR 1.16(h))		\$				\$ <u>170</u>			
					Total Filing Fee			\$			OR	\$ <u>1118</u>			
Claims as Amended – Part 2															
Claima D			maining ndment		(2) Highest Number Previously Paid For		(3) Extra		Small Entity			Other than a Small Entity			
	After Amen						claims resent	Rate		Fee		Rate	Fee		
Total Claims (37 CFR 1.16(j))	***		MINUS	**		•	=	x \$ _	=			× \$ =			
Independent Claims (37 CFR 1.16(i))	***		MINUS	****		=		×\$_	=			x \$=			
						Total Additi		itional F	ee	\$		OR	\$		
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  *** After any cancellation of claims.  *** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).  **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).  Applicant claims small entity status. See 37 CFR 1.27.  *** Please charge Deposit Account Number															
3/26/2004 Date Signature of Applicant, Attorney or Agent of Record  34,789 Registration Number, if applicable Typed or printed name															

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## UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

PATENT NO.

: 6,361,622 B1

DATED

: March 26, 2002 INVENTOR(S) : McCormick et al. Page 1 of 1

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Title page,

Item [57], ABSTRACT,

Line 3, delete "kilograms" and insert therefor - kilogram -.

Column 18,

Line 56, delete "," and insert therefor --; -.

Column 23,

Line 7, delete "condition" and insert therefor - concentration -.



Signed and Sealed this

Eleventh Day of March, 2003



JAMES E. ROGAN Director of the United States Patent and Trademark Office